CALIFORNIA

# These neighborly havens help people facing mental health crises. Some neighbors object

**By Sarah Kwon**
California Healthline

Jan. 11, 2021 5 AM PT

Mia McDermott is no stranger to isolation. Abandoned as an infant in China, she lived in an orphanage until a family in California adopted her as a toddler. She spent her adolescence in boarding schools and early adult years in and out of psychiatric hospitals, where she underwent treatment for bipolar disorder, anxiety and anorexia.

The pandemic left McDermott feeling especially lonely. She restricted social interactions because her fatty liver disease put her at greater risk of complications should she contract COVID-19. The 26-year-old Santa Cruz resident stopped regularly eating and taking her psychiatric medications, and contemplated suicide.

When McDermott's thoughts grew increasingly dark in June, she checked into Second Story, a mental health program based in a home not far from her own, where she finds nonclinical support in a peaceful environment from people who have faced similar challenges.

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Second Story is what is known as a “peer respite,” a welcoming place where people can stay when they’re experiencing or nearing a mental health crisis. Betting that a low-key wellness approach, coupled with empathy from people who have “been there,” can help people in distress recover, this unorthodox strategy has gained popularity in recent years as the nation grapples with a severe shortage of psychiatric beds that has been exacerbated by the pandemic.

Peer respites allow guests to avoid psychiatric hospitalization and emergency department visits. They now operate in at least 14 states. California has five, in the San Francisco Bay Area and Los Angeles County.

“When things are really tough and you need extra support but you don’t need hospitalization, where’s that middle ground?” asked Keris Myrick, founder of Hacienda of Hope, a peer respite in Long Beach.

People with serious mental illness are more likely to experience emotional distress in the pandemic than the general population, said Dr. Benjamin Druss, a psychiatrist and professor at Emory University’s public health school, elaborating that they tend to have smaller social networks and more medical problems.

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That was the case with McDermott. “I don’t have a full-on relationship with my family. My friends are my family,” she said. She yearned to “give them a hug, see their smile or stand close and take a selfie.”

The next best thing was Second Story, in a pewter-gray split-level, five-bedroom house in Aptos, a beach community near McDermott’s Santa Cruz home.

Peer respites offer people in distress short-term (usually up to two weeks), round-the-clock emotional support from peers — people who have experienced mental health conditions and are trained and often certified by states to support others with similar issues — and activities like arts, meditation and support groups.

“You can’t tell who’s the guest and who’s the staff. We don’t wear uniforms or badges,” said Angelica Garcia-Guerrero, associate director of Hacienda of Hope’s parent organization.

Peer respites are free for guests but rarely covered by insurance. States and counties typically pick up the tab. Hacienda of Hope’s $900,000 annual operating costs are covered by Los Angeles County through the Mental Health Services Act, a policy that directs proceeds from a statewide tax on people who earn more than $1 million annually to behavioral health programs.

In September, California Gov. Gavin Newsom signed a bill that would establish a statewide certification process for mental health peer providers by July 2022.

For now, however, peer respite staff in California are not licensed or certified. Peer respites typically don’t offer clinical care or dispense psychiatric drugs, though guests

can bring theirs. Peers share personal stories with guests but avoid labeling them with diagnoses. Guests must come — and can leave — voluntarily. Some respites have few restrictions on who can stay; others don't allow guests who express suicidal thoughts or are homeless.

Peer respite is one of several types of programs that divert people facing behavioral health crises from the hospital, but the only one without clinical involvement, said Travis Atkinson, a consultant at TBD Solutions, a behavioral healthcare company. The first peer respites arose around 2000, said Laysha Ostrow, CEO of Live & Learn, which conducts behavioral health research.

The approach seems to be expanding. Live & Learn counts 33 peer respites today in the U.S., up from 19 six years ago. All are overseen and staffed by people with histories of psychiatric disorders. About a dozen other programs employ a mix of peers and laypeople who don't have psychiatric diagnoses, or aren't peer-led, Atkinson said.

Though she had stayed at Second Story several times over the last five years, McDermott hesitated to return during the pandemic. However, she felt reassured after learning that guests were required to wear a mask in common areas and get a coronavirus test before their stay. To ensure physical distancing, the respite reduced capacity from six to five guests at a time.

During her two-week stay, McDermott played with the respite's two cats and piano — activities she found therapeutic. But most helpful was talking to peers in a way she couldn't with her mental health providers, she said. In the past, McDermott said, she had been involuntarily admitted to a psychiatric hospital after she expressed suicidal thoughts. When she shared similar sentiments with Second Story peers, they offered to talk, or call the hospital if she wanted.

"They were willing to listen," she said. "But they're not forceful about helping."

By the end of the visit, McDermott said that she felt understood and her loneliness and suicidal feelings had waned. She started eating and taking her medications more consistently, she said.

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The small number of studies on respites have found that guests had fewer hospitalizations and accounted for lower Medicaid spending for nearly a year after a respite stay than people with similar conditions who did not stay in a respite. Respite visitors spent less time in the hospital and emergency room the longer they stayed in the respite.

Financial struggles and opposition from neighbors have hindered the growth of respites, however. Live & Learn said that although five peer respites have been created since 2018, at least two others closed because of budget cuts.

Neighbors have challenged nearby respite placements in a few instances. Santa Cruz-area media outlets reported in 2019 that Second Story neighbors had voiced safety concerns with the respite. Neighbor Tony Crane told California Healthline that guests have used drugs and consumed alcohol in the neighborhood, and he worried that peers are not licensed or certified to support people in crisis. He felt it was too risky to let his children ride their bikes near the respite when they were younger.

In a written response, Monica Martinez, whose organization runs Second Story, said neighbors often target community mental health programs because of concerns that "come from misconceptions and stigma surrounding those seeking mental health support."

Many respites are struggling with increased demand and decreased availability during the pandemic. Sherry Jenkins Tucker, executive director of Georgia Mental Health Consumer Network, said its four respites have had to reduce capacity to enable physical distancing, despite increased demand for services. Other respites have temporarily suspended stays because of the pandemic.

McDermott said her mental health had improved since staying at Second Story in June, but she still struggles with isolation amid the pandemic. “Holidays are hard for me,” said McDermott, who returned to Second Story in November. “I really wanted to be able to have Thanksgiving with people.”

*This story was produced by KHN (Kaiser Health News), which publishes California Healthline, an editorially independent service of the California Health Care Foundation. KHN is not affiliated with Kaiser Permanente.*

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